

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014000

2912

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MO. b. COUNTY

c. CITY OR TOWN ST. LOUIS Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 3414 A VIRGINIA Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

ADELE

First

WILSON

Last

4. DATE OF DEATH

Month

Day

Year

MARCH

12

1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-7-1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOME MAKER

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

PRARIE DU ROCHER, ILL. US

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

ALFRED W Quiesse

13b. MOTHER'S MAIDEN NAME

MARY Godier

14. NAME OF HUSBAND OR WIFE

ALBERT WILSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Sylvester Madd - 802 OAK TREE DR. WEBSTER GRIVE MO.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Encephalomalacia of left cerebral hemisphere

INTERVAL BETWEEN ONSET AND DEATH

3d

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Arteriosclerotic cerebrovascular disease

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Extreme obesity, congestive heart failure

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/8/63 to 3/12/63 and last saw her alive on 3/12/63
Death occurred at 4:00 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lew B. Myers, M.D.

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED

3/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3-12-1963

23c. NAME OF CEMETERY OR CREMATORY

ST. JOSEPH'S

23d. LOCATION (City, town, or county)

PRARIE DU ROCHER ILL.

24. FUNERAL DIRECTOR

ADDRESS

DASHNER FUNERAL REPPED, MAR 12 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Loan Smith, M.D.

Lew B. Myers, M.D.
USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

ITEM NO.

DATE AMENDED

DATE AMENDED

no Embalmer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Gregory J. Haskins

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.